

# **SOUTH CAROLINA DEPARTMENT OF PUBLIC SAFETY**

## **LEAVE POOL DONATION FORM**

**Employee Name** \_\_\_\_\_

**Personnel Number** \_\_\_\_\_

**Employee's Division/Department** \_\_\_\_\_

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Please transfer the following amounts of leave from the accounts specified to the Department Leave Pool:

**Hours of Annual Leave Donated:** \_\_\_\_\_

**Hours of Sick Leave Donated:** \_\_\_\_\_

*I understand that I may donate no more than one half of the Annual or Sick leave earned for the current year at the time of donation and that I must retain a balance of 15 days Sick leave in order to donate Sick leave.*

**Date of Donation:** \_\_\_\_\_

**Donor's Signature:** \_\_\_\_\_

*Thank you for your donation!*

**Forward this completed form to the Office of Human Resources,  
Attention: Katie Herrmann, P. O. Box 1993, Blythewood, SC 29016.**

*This portion to be completed by the Office of Human Resources:*

*Date Received:* \_\_\_\_\_

*Date Processed:* \_\_\_\_\_

*Rev. 11/29/2017*